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FINNEGAN, F LLP 901 NEW YORI	IENDERSON, FA K AVENUE, NW	ARABOW, GARR	ETT & DUNNER State State addr trans	reby certify that this is Postal Service with essed to the Mail Similted to the USPTC	Fee(s) Transmittal is being sufficient postage for fittop ISSUE FEE address (571) 273-2885, on the	smission g deposited with the United ist class mail in an envelope s above, or being facsimile date indicated below.
WASHINGTON	I, DC 20001-4413					(Depositor's name)
			<u> </u>			(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	^	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,869 FITLE OF INVENTION	I I /26/2003 : DATA ELEMENT AN	D STRUCTURE FOR D	Michael Conrad ATA PROCESSING		07781.0116-00000	6085
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/25/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LIN, SHI	EW FEN	2166	707-204000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(i) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Finnegan, Henderson 2 Farabow, Garrett and 3 Dunner LLP			
	iess an assignee is ident h in 37 CFR 3.11. Comp		ITHE PATENT (print or type data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY)	utent, if an assignee assignment.		document has been filed for
SAP AG			Walldorf, Fed Rep Germany			
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Corp	oration or other private g	roup entity Government
4a. The following fee(s) are submitted:  Solution   See   Se			<ul> <li>b. Payment of Fcc(s): (Please first reapply any previously paid Issue fee shown above)</li> <li>A check is enclosed.</li> <li>▶ Payment by credit card. Form PTO-2038 is attached.</li> <li>▶ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).</li> </ul>			
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